

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|--|---|---|------------------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7-19-05</u> | | 2 Serial/Patent # <u>10-517651</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | <u>1</u> | <u>6/30/05</u> \$ <u>100</u> | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ <u>100</u> | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | Treasury Check | | | | | | | | |
| 10 REASON: | | Credit Deposit A/C #: | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table> | | 0 | 5 | -- | 1 | 3 | 2 | 3 |
| 0 | 5 | -- | 1 | 3 | 2 | 3 | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Anita Johnson</u> | | TITLE: <u>paralegal</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-9140</u> | | | | | | | | |
| OFFICE: <u>PCT</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

U.S. No. **10/517651**

Paralegal/National Stage Division

National Appl. No. **EP 03/04382**

Application filed by: ☒ 30 months

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☐ Russian ☐ Korean ☐ Other: _____

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Not Published: ☐ U.S. only designed ☐ Elsewhere Published: ☐ Elsewhere

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> International Application | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> PCT/ISA/110 - Search Report |
| <input type="checkbox"/> PCT/IB/JJL | <input type="checkbox"/> Search Report/References |
| <input type="checkbox"/> PCT/PEA/409 IPER (PCT/PEA/416 on front) | <input type="checkbox"/> PCT/IB/306 - Notification of a Change |
| <input type="checkbox"/> Annexes to 409 (Article 34 Amendment) | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Priority Document (s) No. _____ | |

RECEIPTS FROM THE APPLICANT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Basic National Rec (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on: _____ |
| <input checked="" type="checkbox"/> Description | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: _____ |
| <input checked="" type="checkbox"/> Claims | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs 2) | <input type="checkbox"/> Assignee PG Publication Notice |
| <input type="checkbox"/> Translation of Article 19 Amendments <input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> replaced by Article 19 Amendments | <input checked="" type="checkbox"/> Substitute Specification Filed on: _____ |
| <input type="checkbox"/> Translation of Annexes to 409 <input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> other: _____ | <input type="checkbox"/> Verified Small Status Statement (executed) |
| <input type="checkbox"/> Application Data Sheet | <input checked="" type="checkbox"/> Oath/Declaration (executed) <input type="checkbox"/> not made was paid at the time of filing |
| <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
| | <input type="checkbox"/> Other: 1. _____ |
| | <input type="checkbox"/> Other: 1. _____ |

NOTES: ☐ I.A. used as Specification ☐ Other: _____

- 35 U.S.C. 371 - Receipt of Request
- Date Acceptable Oath/Declaration Received
- Date of Completion of requirements under 35 U.S.C. 331(c)(1), (c)(2) and (c)(4)
- Date of Completion of ALL requirements under 35 U.S.C. 371
- Date of Completion of DO/EO 983 - Notification of Acceptance
- Date of Completion of DO/EO 985 - Notification of Missing Requirements
- Date of Completion of DO/EO 916 - Notification of Defective Response
- Date of Completion of DO/EO 949 - Notification of Abandonment

☐ EP ☐ JP ☐ SE ☐ AU ☐ US ☐